



MIAMI BEACH

Please complete the form in its entirety.

Applicant			Co-Applicant		
Name: First	Middle	Last	Name: First	Middle	Last
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Home Telephone	Work Telephone	Cellular Telephone	Home Telephone	Work Telephone	Cellular Telephone
Social Security Number:		Date of Birth (MM/DD/YYYY):	Social Security Number:		Date of Birth (MM/DD/YYYY):
Work E-Mail Address		Personal E-Mail Address	Work E-Mail Address		Personal E-Mail Address
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership		Legal Status <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> US Citizen	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership		Legal Status <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> US Citizen
Emergency Contact		Relationship	Emergency Contact Telephone		Emergency Contact Email
Total Number of People in Household		Year Home Purchased	First Mortgage Holder		Second Mortgage Holder

Children & Others in Household			
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant

Income Verification

Applicant			Co-Applicant		
Name: First	Middle	Last	Name: First	Middle	Last

Income Source(s) – Provide all that apply			Income Source(s) – Provide all that apply		
Employment	Source(s)	Annual Income	Employment	Source(s)	Annual Income
Retirement/Pension	Source(s)	Annual Income	Retirement/Pension	Source(s)	Annual Income
Disability	Source(s)	Annual Income	Disability	Source(s)	Annual Income
Other	Source(s)	Annual Income	Other	Source(s)	Annual Income
Total Annual Income:		\$	Total Annual Income:		\$

NOTE: Applicants must provide all sources of income for each household member. Please use other page if necessary.

Additional Household Member #1			Additional Household Member #2		
Name: First	Middle	Last	Name: First	Middle	Last
Income Source(s) – Provide all that apply			Income Source(s) – Provide all that apply		
Employment	Source(s)	Annual Income	Employment	Source(s)	Annual Income
Retirement/Pension	Source(s)	Annual Income	Retirement/Pension	Source(s)	Annual Income
Disability	Source(s)	Annual Income	Disability	Source(s)	Annual Income
Other	Source(s)	Annual Income	Other	Source(s)	Annual Income
Total Annual Income:		\$	Total Annual Income:		\$

Additional Household Member #3			Additional Household Member #4		
Name: First	Middle	Last	Name: First	Middle	Last
Income Source(s) – Provide all that apply			Income Source(s) – Provide all that apply		
Employment	Source(s)	Annual Income	Employment	Source(s)	Annual Income
Retirement/Pension	Source(s)	Annual Income	Retirement/Pension	Source(s)	Annual Income
Disability	Source(s)	Annual Income	Disability	Source(s)	Annual Income
Other	Source(s)	Annual Income	Other	Source(s)	Annual Income
Total Annual Income:		\$	Total Annual Income:		\$

Financial Assets

1. Please provide information for all bank accounts. Please use additional page if necessary.
2. Please attach copy of deed(s) or mortgage(s) for owned real property.

Please ensure to include all existing liabilities. Please use additional page if necessary.

Please provide all real estate properties owned by homeowner(s)/applicant(s).

Property Address	City	State

Please provide the total income for members in your household.

TOTAL HOUSEHOLD INCOME	\$
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1 – Please list all sources of income for all adult household members including disability, pensions, etc.

Your household income must not exceed the guidelines noted below in order to be screened for eligibility.

	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
Extremely Low Income	\$13,750	\$15,700	\$17,650	\$19,600	\$21,200	\$22,750	\$24,350	\$25,900
Very Low Income	\$22,900	\$26,200	\$29,450	\$32,700	\$35,350	\$37,950	\$40,550	\$43,200
Low Income	\$36,650	\$41,850	\$47,100	\$52,300	\$56,500	\$60,700	\$64,900	\$69,050
Moderate Income	\$54,960	\$62,880	\$70,680	\$78,480	\$84,840	\$91,080	\$97,320	\$103,680

Applicant Questionnaire			
	Yes	No	N/A
Are you, the co-applicant or any member of your family a City of Miami Beach employee?			
Are you and the co-applicant a first-time homebuyer?			
Are all people who will be living with you listed in your household?			
Do you or the co-applicant have any outstanding unpaid judgments?			
Have you or the co-applicant declared bankruptcy in the last seven (7) years?			
Are you or the co-applicant a party to a current lawsuit?			
Are you and the co-applicant delinquent on mortgage payments?			
Is there a second mortgage on your property?			
Are you and the co-applicant delinquent on any utilities bills?			
Are you and the co-applicant delinquent on property taxes?			
Are there any liens currently on your property?			
Are you and the co-applicant delinquent on property insurance payments?			
Do you and the co-applicant pay for flood insurance?			
Is your home the primary residence for you and co-applicant?			
Do you receive income from renting/sub-letting your home?			
Do you intend to reside in this property for the next 15 years?			

If any reply above is in a shaded box, please provide a detailed explanation here.

Please indicate the scope of repair work or rehabilitation you seek for your property:

- | | |
|--|--|
| <input type="checkbox"/> Painting (interior and/or exterior) | <input type="checkbox"/> Floor Replacement (carpet, tile, etc.) |
| <input type="checkbox"/> Kitchen Upgrade (including appliances) | <input type="checkbox"/> Kitchen Upgrade (excluding appliances) |
| <input type="checkbox"/> Central Air Conditioning Unit Replacement | <input type="checkbox"/> ADA Modifications (exterior or interior) |
| <input type="checkbox"/> Roof Repair | <input type="checkbox"/> General Remodeling (including demolition) |
| <input type="checkbox"/> Bathroom Upgrade | <input type="checkbox"/> Other: |

Please provide a brief description of work you would like completed with assistance funds:

Please attach copies of the following documents:

- Property deed and mortgage documents
- Homeowner(s) valid, state-issued photo identification
- Homeowner(s) Social Security card(s)
- Social Security card(s) for additional household member(s), if applicable
- Homeowner(s) proof of income (i.e. pay stubs, direct deposit slips, SSA benefits letter, etc.)
- Proof of income for additional adult household member(s), if applicable
- Copies of prior three (3) months' bank statements for all accounts
- Copies of three (3) months' electricity (FPL) utility bill

Homeowner Certification

CONFLICT OF INTEREST ACKNOWLEDGEMENT: In accordance with 24 CFR 570.611, applicants can be denied participation in the City's programs if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official, an appointed official of the City of Miami Beach or its sub-recipients and if within the past 12 months, any of the following three (3) statements applies to any of the applicants:

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision making process related to funds for this program.
3. Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of government who exercises any functions or responsibilities with respect to the City's programs.

Please initial acceptance of **Conflict of Interest** provision above:

Applicant's Initials: _____

Co-Applicant's Initials: _____

I/We hereby certify that all of the information furnished when applying for this program is true and correct to the best of my/our knowledge. Should it be found that I/we willfully falsified any information upon which eligibility was determined, this application shall be null and void and I/we shall return any sums spent by the City of Miami Beach on me or my property including any legal fees and administrative cost incurred by the City of Miami Beach.

I/We note further that, according to 18 USC § 1001, "Whoever, in any matter within the jurisdiction of any executive, legislative, or judicial branch of Government of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement, or entry, shall be fined under this title or imprisoned not more than five (5) years or both." 18 USC § 3571 provides for the imposition of fines for felonies in an amount not to exceed \$250,000 or alternatively, for fines based on gain or loss as provided in 18 USC § 3571(d). A violation of 18 USC § 1001 is a Class D felony pursuant to 18 USC § 3559(a)(4).

Applicant Signature

Co-Applicant Signature

Date

Date

NOTE: All applicant files and income documentation is subject to public review in accordance with Florida's public records law, Chapter 119, Florida Statutes.



THE CITY OF MIAMI BEACH PROVIDES EQUAL ACCESS AND EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES AND DOES NOT DISCRIMINATE ON THE BASIS OF RELIGION, CREED, RACE, SEX, COLOR, NATIONAL ORIGIN, AGE, FAMILIAR STATUS, SEXUAL ORIENTATION OR DISABILITY.

City of Miami Beach Use Only		
Date of Receipt	Attachments Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Reviewing
Documents Received: <input type="checkbox"/> Property deed and mortgage documents <input type="checkbox"/> Homeowner(s) valid, state-issued photo identification <input type="checkbox"/> Homeowner(s) Social Security card(s) <input type="checkbox"/> Social Security card(s) for additional household member(s), if applicable <input type="checkbox"/> Homeowner(s) proof of income (i.e. pay stubs, direct deposit slips, SSA benefits letter, etc.) <input type="checkbox"/> Proof of income for additional adult household member(s), if applicable <input type="checkbox"/> Copies of prior three (3) months' bank statements for all accounts <input type="checkbox"/> Copies of three (3) months' electricity (FPL) utility bill		
File Review Comments		
Forwarded for Award Review <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Forward

City of Miami Beach Use Only			
Date of Receipt	Attachments Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Reviewing	
Scope of Work Approved:			
Contractor Approved	Amount Approved	Date of Approval	Expected Completion Date

Project History	
Date Project Estimate Received	
Date Building Permits Obtained	
Date of First Inspection	
Date of Final Inspection	
Date of Check Completion	
Date File Closed	